

PLAINTIFF/PETITIONER/MOVANT'S NAME

Eufemia Alamo Ramirez

FILED

PRISON NUMBER *95287 198*

08 JUN -2 PM 12:10

PLACE OF CONFINEMENT

*San Diego Metropolitan Correctional center*BY: *EC*

DEPUTY

ADDRESS

*808 Union St.
San Diego, Ca. 92101*United States District Court
Southern District Of California

'08 CV 0976 WQH CAB

Civil No. _____

(TO BE FILLED IN BY U.S. DISTRICT COURT CLERK)

*Eufemia Alamo
Ramirez*

Plaintiff/Petitioner/Movant

*Federal Bureau of Prisons
Western Regional
Office*v.
Defendant/RespondentMOTION AND DECLARATION UNDER
PENALTY OF PERJURY IN SUPPORT
OF MOTION TO PROCEED IN FORMA
PAUPERISI, *Eufemia Alamo Ramirez*

declare that I am the Plaintiff/Petitioner/Movant in this case. In support of my request to proceed without prepayment of fees or security under 28 U.S.C. § 1915, I further declare I am unable to pay the fees of this proceeding or give security because of my poverty, and that I believe I am entitled to redress.

In further support of this application, I answer the following question under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to question 2)If "Yes," state the place of your incarceration. *Metropolitan Correctional center*

Are you employed at the institution?

Yes ☐ No ☒

Do you receive any payment from the institution?

Yes ☐ No ☒

[Have the institution fill out the Certificate portion of this affidavit and attach a certified copy of the trust account statement from the institution of your incarceration showing at least the last six months transactions.]

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

N/A

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

*1988
California Home Health Services
101 30th St., Suite A,
National City, Ca, 91950*

3. In the past twelve months have you received any money from any of the following sources?:

- | | |
|---|--|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b. Rent payments, royalties interest or dividends | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| e. Social Security, disability or other welfare | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| f. Spousal or child support | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| g. Any other sources | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes" describe each source and state the amount received and what you expect you will continue to receive each month.

social security pension but discontinued

4. Do you have any checking account(s)? ☐ Yes ☒ No

a. Name(s) and address(es) of bank(s): *N/A*

b. Present balance in account(s): *N/A*

5. Do you have any savings/IRA/money market/CDS' separate from checking accounts? ☒ Yes ☐ No

a. Name(s) and address(es) of bank(s): *Paradise Valley Credit Union*

b. Present balance in account(s): *\$ 50.00*

6. Do you own an automobile or other motor vehicle? ☒ Yes ☐ No

a. Make: *Trunka Pick-up* Year: *2002* Model: *Pick-up*

b. Is it financed? ☐ Yes ☒ No

c. If so, what is the amount owed? *0*

7. Do you own any real estate, stocks, bonds, securities, other financial instruments, or other valuable property?
 Yes ☐ No ☒

If "Yes" describe the property and state its value. N/A

8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support. N/A

9. List any other debts (current obligations, indicating amounts owed and to whom they are payable):

\$16,000.00

Evelyn Schultz

5865 W. 78th St.

Los Angeles, CA, 90045

10. List any other assets or items of value (specify real estate, gifts, trusts inheritances, government bonds, stocks, savings certificates, notes, jewelry, artwork, or any other assets [include any items of value held in someone else's name]): None

11. If you answered all of the items in #3 "No," and have not indicated any other assets or sources of income anywhere on this form, you must explain the sources of funds for your day-to-day expenses.

Dependent on my husband's SSA income and borrowing money from my daughter.

I declare under penalty of perjury that the above information is true and correct and understand that a false statement herein may result in the dismissal of my claims.

DATE

May 26, 2008

Eudemia Alamo Ramirez

SIGNATURE OF APPLICANT

If you are a **prisoner** you must have an officer from your institution provide this official certificate as to the amount of money in your prison account. There are no exceptions to this requirement.

PRISON CERTIFICATE
(Incarcerated applicants only)
(To be completed by the institution of incarceration)

I certify that the applicant Eufemia Ramirez
(NAME OF INMATE)

BOR # 95287-198
(INMATE'S CDC NUMBER)

has the sum of \$ 31.04 on account to his/her METROPOLITAN CORRECTIONAL CENTER
808 UNION ST.
SAN DIEGO, CA 92101
(NAME OF INSTITUTION)

I further certify that the applicant has the following securities Ø

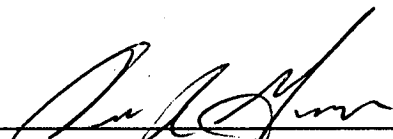
to his/her credit according to the records of the aforementioned institution. I further certify that **during**

the past six months the applicant's *average monthly balance* was \$ 20.78

and the *average monthly deposits* to the applicant's account was \$ 50.00

ALL PRISONERS **MUST** ATTACH A CERTIFIED COPY OF THEIR TRUST ACCOUNT
STATEMENT SHOWING TRANSACTIONS FOR THE SIX-MONTH PERIOD
IMMEDIATELY PRECEDING THE FILING OF THE COMPLAINT PER 28 U.S.C. § 1915(a)(2).

7-24-07
DATE


SIGNATURE OF AUTHORIZED OFFICER OF INSTITUTION

Cesar R. Barrio
OFFICER'S FULL NAME (PRINTED)

counselor
OFFICER'S TITLE/RANK



U.S. Department of Justice

Federal Bureau of Prisons

Western Regional Office
7950 Dublin Boulevard, Third Floor
Dublin, California 94568

DEC 13 2007

VIA CERTIFIED MAIL

Eufemia Ramirez
Reg. No. 95287-198
Metropolitan Correctional Center
808 Union Street
San Diego, CA 92101

Re: Administrative Claim No. TRT-WXR-2007-05219

Dear Ms. Ramirez:

This is in response to the administrative claim submitted to this office under the provisions of the Federal Tort Claims Act, 28 U.S.C. §§ 1346, 2671, et seq. You seek \$90,000.00 in compensation for alleged personal injury as a result of events at the Metropolitan Correctional Center, San Diego, California on June 26, 2006.

Investigation fails to disclose any evidence of negligence or other conduct for which the United States is liable. You have failed to establish that you have suffered a loss or personal injury as a result of staff negligence in this matter.

Accordingly, your claim is denied. If you are not satisfied with this determination, you are afforded six months from the date of the mailing of this letter via certified mail within which to bring suit in the appropriate United States District Court.

Sincerely,

A handwritten signature in cursive script, reading "Harlan W. Penn".

Harlan W. Penn
Regional Counsel

cc: Warden
MCC, San Diego

HWP/jmv

A large, stylized handwritten signature in cursive script, reading "Dan Ramirez".